

REQUEST FOR DEVIATION/WAIVER (RFD/RFW)				1. DATE (YYMMDD)		Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES, RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.						2. PROCURING ACTIVITY NO.	
						3. DODAAC	
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code)				5. (X one)	
a. TYPED NAME (First, Middle Initial, Last)						<input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER 6. (X one) <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
7. DESIGNATION FOR DEVIATION WAIVER				8. BASELINE AFFECTED		9. OTHER/SYSTEM/CONFIGURATION ITEMS AFFECTED	
a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIGN	d. DEV/WAIVER NO.	<input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> ALLOCATED <input type="checkbox"/> PRODUCT			
10. TITLE OF DEVIATION/WAIVER							
11. CONTRACT NO. AND LINE ITEM				12. PROCURING CONTRACTING OFFICER			
				a. NAME (First, Middle Initial, Last)			
13. CONFIGURATION ITEM NOMENCLATURE				b. CODE		c., TELEPHONE NO.	
				14. CLASSIFICATION OF DEFECT			
15. NAME OF LOWEST PART/ASSEMBLY AFFECTED				a. CD NO.		b. DEFECT NO.	
				c. DEFECT CLASSIFICATION			
				<input type="checkbox"/> MINOR		<input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
16. PART NO. OR TYPE DESIGNATION				17. EFFECTIVITY			
				18. RECURRING DEVIATION/WAIVER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
19. EFFECT ON COST/PRICE				20. EFFECT ON DELIVERY SCHEDULE			
21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE							
22. DESCRIPTION OF DEVIATION/WAIVER							
23. NEED FOR OF DEVIATION/WAIVER							
24. CORRECTIVE ACTION TAKEN							
25. SUBMITTING ACTIVITY							
a. TYPE NAME (First, Middle Initial, Last)		b. TITLE		c. SIGNATURE			
26. APPROVAL/DISAPPROVAL		RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL					
b. APPROVAL		c. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
d. TYPED NAME (First, Middle Initial, Last)		e. SIGNATURE				f. DATE SIGNED (YYMMDD)	
g. APPROVAL		h. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
i. TYPED NAME (First, Middle Initial, Last)		J. SIGNATURE				k. DATE SIGNED (YYMMDD)	